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Proposed S.B. No. 634 AN ACT CONCERNING MEDICAID COVERAGE FOR MEDICATIONS USED TO SAFELY TREAT OPIOID ADDICTION.

Proposed S.B. No. 635 AN ACT REQUIRING HEALTH CARE PROVIDERS TO INFORM MEDICAID BENEFICIARIES CONCERNING THE USE OF MEDICATIONS FOR THE TREATMENT OF OPIOID DEPENDENCY.

Good morning Sen. Doyle Rep. walker, and members of the Human Services Committee My Name is Tim Lepak I am the president of the National Alliance of Advocates for Buprenorphine Treatment – a national 501c3 non-profit organization based here is CT. Our purpose is to educate the public about buprenorphine treatment, reduce the stigma and serve as a conduit to connect patients to appropriate physicians.

I'm here in support of proposed Bills 634 and 635 concerning Medicaid coverage for the treatment of opioid addiction.

Like methadone Buprenorphine is an effective treatment for opioid addiction and is currently covered by Medicaid. Unlike methadone it is listed as a safer schedule III medication as opposed to the schedule II listing of methadone. It has a ceiling to its effects that some experts say make overdoses from buprenorphine alone nearly impossible, even cases where children under 6 have accidently ingested their parent's medication, all survived, not so with other opioids. Beyond the ceiling, buprenorphine blocks the effects of other opioids such as heroin for days. The most prescribed form of buprenorphine contains a chemical safeguard which causes immediate withdrawal in opioid physically dependent individuals who choose to misuse it by injection, all combine to make buprenorphine a poor choice for anyone with intents to misuse it. This no doubt is why the misuse and diversion rate is so low for buprenorphine.

But even more so than the pharmacological advantages is that buprenorphine can be dispensed by monthly prescription from specially certified physicians. Treating addiction from office based practices normalizes treatment and doesn't carry the stigma of the clinic environment and may allow patients to regain confidence and self esteem and rejoin the workforce and community sooner than they might otherwise.

Buprenorphine is not a new drug.
In 1981 the FDA approved a buprenorphine product for the treatment of pain. For the next 20 years it remained a schedule 5 medication (the safest on the DEA scale of controlled

substances), then 1 day before it was FDA approved for the treatment of opioid addiction all buprenorphine products were changed to a schedule 3 drugs. This was not due to a revelation or discovery that it was less safe than it had shown to be over its 20 year history. Instead stigma and fear and private interests trumped science and logic. There were a number of objections to this change including American Academy of Addiction Psychiatry – which recommend it be a Schedule V, American Society of Addiction Medicine said that this change is not consistent with the pharmacology, also objecting was the California society of addiction medicine, and the American Academy of Addiction Psychiatry, among others. Nonetheless it was rescheduled but it is important to note that it had then and continues to have a better safety profile than many OTC medications. The current schedule 3 status is an overly caution rating that is not supported by the evidence.

Unfortunately, by the time many are ready for treatment they are destitute and have lost private insurance benefits. The current level of Medicaid reimbursement for physician services is so low most simply refuse to submit the paperwork on the patient's behalf and demand cash. This puts this effective, safe treatment for opioid addiction out of reach for the ones who need it most.

Treating opioid addiction effectively benefits the whole society. From crime to child services to unemployment and other social services, effectively treating the addicted people in our community saves lives and money.

Effective buprenorphine treatment helps patients return to normal life and reengage in society and become active self sufficient members again. Addiction treatment is not simply drug substitution that reduces crime. Successful modern treatment helps end the uncontrollable compulsive behaviors that are disrupting lives and allows people to return to a normal life. .

Please consider the proposed Bills 634 and 635 to inform patients of safer alternatives and help make it available to those who need it.

Thank you.

Timothy Lepak
President, NAABT,Inc.